

Patent
Old Attorney's Docket No. 040070-244
New Attorney's Docket No. 0119-016

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Kjell GUSTAFSSON et al.) Group Art Unit: 2686
Application No.: 09/348,494) Examiner: Nghi H LY
Filed: July 7, 1999) Confirmation No.: 5321
For: CONTROLLED ANTENNA)
DIVERSITY)

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FACSIMILE COVER SHEET

Mail Stop Amendment
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Fee Transmittal for FY 2005 (PTO/SB/17) for IDS fees (in duplicate);
Credit Card Payment Form (PTO-2038) (in duplicate);
Information Disclosure Statement with SB08 form;
Amendment in response to Office Action mailed on August 10, 2004;
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Statement Under 37 CFR 3.73(b); and
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Total number of Pages (including this page): 26

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

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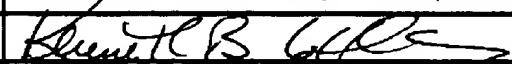
Total Number of Pages in This Submission

Application Number	09/348,494
Filing Date	July 7, 1999
First Named Inventor	Kjell GUSTAFSSON
Art Unit	2686
Examiner Name	LY, Nghi H
Attorney Docket Number	Old: 040070-244; New: 0119-016

ENCLOSURES (Check all that apply)

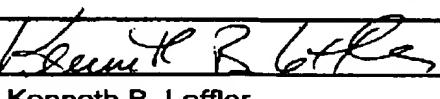
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s) (Attachments to Amendment)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> <input checked="" type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	Other Enclosures:
		<ul style="list-style-type: none"> - Credit Card Payment Form (PTO-2038) (in duplicate) - Power to Prosecute Applications Before the US PTO - Statement under 37 CFR 3.73(b) - Change of Correspondence Address

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Potomac Patent Group PLLC (Customer No. 000042015)		
Signature			
Printed name	Kenneth B. Leffler		
Date	January 31, 2005	Reg. No.	36,075

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kenneth B. Leffler	Date	January 31, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

Complete If Known

Application Number	09/348,494
Filing Date	July 7, 1999
First Named Inventor	Kjell GUSTAFSSON
Examiner Name	LY, Nghi H
Art Unit	2686
Attorney Docket No.	Old: 040070-244; New: 0119-016

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2476 Deposit Account Name: Potomac Patent Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 - _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of an IDS

Fees Paid (\$)

180

SUBMITTED BY

Signature

Registration No. 36,075
(Attorney/Agent)

Telephone 703 718 8884

Name (Print/Type)

Kenneth B. Leffler

Date January 31, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent

PAGE 5/26 * RCVD AT 1/31/2005 7:57:22 PM (Eastern Standard Time) * SVR:USPTO-EFXRF-1/0 * DNIIS:8729306 * CSID:1 703 718 8884 * DURATION (mm:ss):11-18